FORM NO. 2 R 10/09

ARM 36,22,307, 601, 605, 1003, 1004, 1011, 1013, 1103, 1222, 1240, 1301, 1306, 1309, and 1417

Submit In Quadruplicate To:

MONTANA BOARD OF OIL AND GAS CONSERVATION RECEIVED

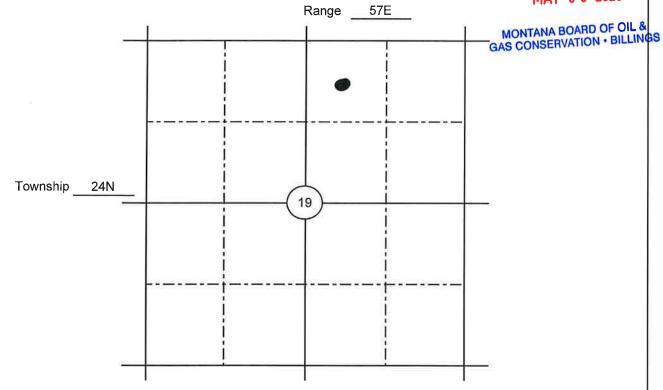
| | 2535 ST. JOH BILLINGS, MC | | |
|--|---|---|---|
| S | SUNDRY NOTICES AN | ID REPO | RT OF WELLS |
| Operator White Rock Oil & Gas, | LLC | | Lease Name: GAS CONSERVATION • BILLING Halvors on 31X-19 |
| Address 5810 Tennyson Parkw | ay, Suite 500 | | Type (Private/State/Federal/Tribal/Allotted): |
| City Plano State | TX Zip Code 75024 | | Private · |
| Telephone 214-981-1400 | Fax | | Well Number: 31X-19 |
| Location of well (1/4-1/4 section and 1840 FEL 660 FNL NWNE · | d footage measurements): | | Unit Agreement Name: |
| | | | Field Name or Wildcat: Elm Coulee · |
| API Number: | Well Type (oil, gas, injection | n, other): | Township, Range, and Section: 19-24N-57E |
| 25 083 22022 · State County Well | Oil | | County: Richland |
| Indicate below with an X the nature | of this notice, report, or other of | data: | |
| Notice of Intention to Change Plans Notice of Intention to Run Mechanic Notice of Intention to Stimulate or to Notice of Intention to Perforate or to Notice of Intention to Abandon Well Notice of Intention to Pull or Alter Co Notice of Intention to Change Well S Supplemental Well History Other (specify) Chemical disclosure Describe planned or completed work in necessary. Indicate the intended startin White Rock is submitting this chemical disclosure | cal Integrity Test Chemically Treat Cement asing Status Describe Proposed or Codetail. Attach maps, well-bore corg date for proposed operations or | Subseque Subseque Subseque Subseque Subseque Subseque Subseque Subseque | agrams, analyses, or other information as |
| | | | SEE ATTACHED CONDITIONS OF APPROVAL |
| | | | signed hereby certifies that the information contained on tion is true and correct: |
| BOARD USE | ONLY | | FEE 01 6 |
| Approved JUN 17 2023 Date | - | 05/03/2 Da | ate Signed (Agent) |
| Bid 1 | Admistlet Enimer | | Eric Linthicum, Regulatory Manager Print Name and Title |
| Name | Title | Telephone | :214-666-4826 |

SUPPLEMENTAL INFORMATION

NOTE: Additional information or attachments may be required by Rule or by special request. Plot the location of the well or site that is the subject of this notice or report.

RECEIVED

MAY 0 5 2023



BOARD USE ONLY

CONDITIONS OF APPROVAL

The operator must comply with the following condition(s) of approval:

Failure to comply with the conditions of approval may void this permit.

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| 2.55 1.592.000 4.1.00 3.38 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3. | 2.55 1-25.00 2.55 1-25.00 1.10 3.3 1.10 3.44 1.10 3 | Sand (100 Mesh Propoant) | 100 | 000000 | West of the State |
| 1.10 1543 1.10 1543 1.10 1543 1.10 1543 1.00 244 1.00 244 | 110 1543 1544 1 | Sand (40/70 White Proponer) | 2017 | 1,000,000 | 110786 |
| 1,10 1,00 | 100 33 3180 (100 33 100 100 100 100 100 100 100 100 1 | 22 DEGREE BAUME Hydrochloric Acid Cixton | | 1.392,000 | 985 (56) 17 |
| 1,00 3,38 3,180 0,00 | 1,00 1,00 | Acid Pack Pro I.T. | | SPC-1 | 21/1/2 |
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| 1.02 366 8.14 8.14 8.15 | 103 346 1103 244 1103 | ProSurf 170 | 05.0 | 2.113 | 561100 |
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| | | Jontana | Richland County | | | 15 Stage | do. | No | | | | .0028 | .442,600 |
|---------------------------|-------------------------|----------------|-----------------|-------------|------------------|---------------------------|-----------------|-------|-----------|------------|---------------------|--------------------------------|--------------------------------|
| Fracture Start Date/Time: | Practure End Date/Time: | Stritte | County: | API-Number: | Operator Number: | H | Federal Well: 5 | /ell: | Longitude | Transition | Langlat Projection: | Serie Vertical Depth (95VD); 8 | al Gran Shirl Volumes (can)- 2 |
| | | | | | | AND ADDRESS OF THE PARTY. | | | | | | | Test |
| | | Andrew Company | | | | | | | | | | | |

| | Supplier | Parpose | Ingredients | Chemical Abstract Service Number (CAS #) | Maximum Ingredient Concentration in Additive | Mass per Component (LBS) | Maximum Ingredie Concentration in H Fluid |
|--|--|--|--|--|--|--|---|
| Waltr | Operator | Chener/Blace Fluid | Water | 7700,1813 | Control of the Contro | 100 | [-/e by mass]*** |
| Sand [100 Mesh Proposit] | Panfras | Propagal | Gestalling Silien (quarte) | 14808400-7 | The Hole | A PROPERTY. | en la contra |
| 10 | ProFras | Propperat | (Sty stalling Silice (quarte) | [480ks0.7] | TAID FOR | min's and a | 0.7960,5 |
| 22 DEGREE BAUNE INdrochlone Acid (30%) | DynaChem | Neidralde | Histochloric Anid | 764760.40 | STITLES | 00010014 | 5.0000.70 |
| Acid Posts Peo LT | Cooper Minutel | Acid Telabitor | Jeomaecanol, etboxylated | 9018,305 | 1.748 | Koritt. | 0.0176378 |
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| ProStick 974 | Profras | Hacition Reducts | Petroloum distillates hydromonical light. | 84042-4048 | 30.106 | 211/2 | Toolson A |
| | | | Ethoxylated Alcahol | 685554222 | 1 3695 | Oran G | 0.00105474 |
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| ProChek 170 | ProFrac | State Inhibition. | Nethinol | 18786 | 6003 | TO THE STATE OF TH | Mediati |

MONTANA BOARD OF OIL AND GAS ATTACHMENT TO FORM 2 "CONDITIONS OF APPROVAL"

A. Field Inspector must be notified at least 24 hours in advance of the start of fracture stimulation operation.

B. <u>36.22.1106</u> SAFETY AND WELL CONTROL REQUIREMENTS – HYDRAULIC FRACTURING

- (1) New and existing wells which will be stimulated by hydraulic fracturing must demonstrate suitable and safe mechanical configuration for the stimulation treatment proposed.
- (2) Prior to initiation of fracture stimulation, the operator must evaluate the well. If the operator proposes hydraulic fracturing through production casing or through intermediate casing, the casing must be tested to the maximum anticipated treating pressure. If the casing fails the pressure test it must be repaired or the operator must use a temporary casing string (fracturing string).
 - (a) If the operator proposes hydraulic fracturing though a fracturing string, it must be stung into a liner or run on a packer set not less than 100 feet below the cement top of the production or intermediate casing and must be tested to not less than maximum anticipated treating pressure minus the annulus pressure applied between the fracturing string and the production or immediate casing.
- (3) A casing pressure test will be considered successful if the pressure applied has been held for 30 minutes with no more than ten percent pressure loss.
- (4) A pressure relief valve(s) must be installed on the treating lines between pumps and wellhead to limit the line pressure to the test pressure determined above; the well must be equipped with a remotely controlled shut-in device unless waived by the board administrator should the factual situation warrant.
- (5) The surface casing valve must remain open while hydraulic fracturing operations are in progress; the annular space between the fracturing string and the intermediate or production casing must be monitored and may be pressurized to a pressure not to exceed the pressure rating of the lowest rated component that would be exposed to pressure should the fracturing string fail.

History: 82-11-111, MCA; IMP, 82-11-111, MCA; NEW, 2011 MAR p. 1686, Eff. 8/26/11.

C. <u>36.22.1010</u> WORK-OVER, RECOMPLETION, WELL STIMULATION – NOTICE AND APPROVAL

(1) Within 30 days following completion of the well work, a subsequent report of the actual work performed must be submitted on From No. 2.